

**March, 1999    ⌘    Volume 11, Number 3**

# PROGRESS NOTES

## Medical Staff

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## From the President

*"If we open a quarrel between the past and the present, we shall find we have lost the future."*

*Sir Winston Churchill*

**Colleagues:**

March is here. Spring weather will be here soon, and bike riding season will be in full swing in the next several weeks. I believe that everyone who attended Bob Murphy's farewell reception at the end of January had a great time. We had the opportunity to thank Bob for all of his hard work and dedication to the business of the Medical Staff over the past two years. Watch out for Bob on the links with his new set of clubs which he received as a token of our appreciation!

At the February Medical Executive Committee meeting, I asked Dr. Greg Harper, Director of the John & Dorothy Morgan Cancer Center, to briefly tell us about his vision for the Cancer Center, where he thinks the Center should be going, and what we need to reach his goals so that the vision can become a reality. Greg's presentation stimulated a lively discussion. I believe that the members of the Medical Executive Committee found his presentation useful and informative and gave them a better understanding of the potential for the John & Dorothy Morgan Cancer Center in helping us to care for our patients with malignancies and for its future.

Because this presentation was so well received, I've asked Greg to come to the General Medical Staff meeting on March 8 to make a similar presentation to the entire Medical Staff and to answer your questions. If

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A meeting of the General Medical Staff will be held on Monday, March 8, beginning at 6 p.m.

The meeting will be held in Rooms 1 & 2 of the Banko Building at Muhlenberg Hospital Center. Please plan to attend.

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you have any questions which you would like to address to Greg before the meeting, please contact him via e-mail or by phone at 402-0512.

Dr. Bob Riether has completed his term as chairperson of the Cancer Committee. I want to thank Bob for the time and effort he has devoted to the activities of this committee. I have asked Dr. Victor Risch to assume the chair of the Cancer Committee, and he has agreed. I have also asked Dr. Marian McDonald to join the committee. Dr. Dennis Giangiulio will continue to be active on the committee in his role as medical oncologist.

Speaking of e-mail: How many of you who don't regularly read your e-mail have appointed a "surrogate" from your office to read and print out your e-mail messages for you? Give it a try. It works!

Last month, I asked if anyone had any concerns about the LVH patient medical chart, its content, and organization. To date, I have received a number of suggestions from members of the staff. I have asked Dr. Linda Lapos, chairperson of the Medical Records Committee, to address this matter with her committee. Linda will be sending a survey out to members of the Medical Staff asking for suggestions regarding the patient chart. This information will be compiled and then discussed at the Medical Records Committee before recommendations are made to the Medical Executive Committee for action. Linda, thanks for the effort and time you and your committee have spent addressing this matter. I hope all members of the Medical Staff who have an opinion about the medical record will take a few minutes to fill out and return the survey when it arrives.

We are scheduling a **Medical Staff/Administration Exchange Session on Wednesday, March 10, 1999 at 6 p.m., in Conference Room 1A of the John & Dorothy Morgan Center** to discuss issues related to the Operating Rooms at LVH. Drs. Chuck Hoover, Bob Laskowski, Mark Lester, Mike Pasquale, and Elliot Sussman, in addition to Lou Liebhaber and Jody Porter will be in attendance to answer questions and discuss issues important to the surgeons on our Medical Staff. If you have questions or concerns about the O.R.'s at LVH, please try to attend this important meeting.

Last month in **Medical Staff Progress Notes**, I introduced some comments about the results of a survey of patients and "community" leaders relative to perceptions of the "caring and compassion" of Lehigh Valley Hospital. We have also learned that the Press Ganey surveys returned by our patients rate some physicians on our Medical Staff in a not so very positive

way. Drs. Mullin, Murphy, and I, as well as the Clinical Chairs, are concerned about these ratings. We have been giving this issue serious thought. I've contacted several other institutions to discuss with them how they have achieved higher "physician satisfaction" scores. Below are some suggestions which I wanted to share with you and have you think about during your daily rounding on your patients in the hospital.

- Identify yourself to the patient.
- Sit at the patient's bedside, (either on a chair in the room or on the patient's bed, if acceptable to the patient).
- Ask the patient if he/she has any questions.
- Ask the patient if he/she understands what is wrong and what you are doing to help the problem.
- Inform the patient about the day's upcoming tests and treatments.
- Inform the patient about the nature of his/her problem.
- Ask the patient if there is anything you can do to help make his/her stay more comfortable.
- Ask the patient if his/her family understands what is happening. Offer the opportunity for the patient's family to call and get an update and information about the patient's condition.
- Give the patient some idea about how long you expect them to be in the hospital and an approximate date for their discharge.
- Inform the patient about other physicians who may be coming to see them and why they will be coming.
- Make physical contact with the patient.
- If possible, write your note while sitting in the patient's room.

A simple way to remember these is the mnemonic:

**S.A.T. = Sit, Ask (Answer), Touch.**

Finally, I wanted you to be aware that discussions are underway to consider developing a Long-Term Acute Care Hospital (LTACH) at Lehigh Valley Hospital, Cedar Crest & I-78. Ron Macaulay, Senior Vice President, Business Development, will be making a presentation to the Medical Executive Committee at the March meeting about this concept, what it means, and what it involves. We'll keep you informed as this concept develops.

I hope February was a good month for all. Spring is approaching and with it warmer and more pleasant weather. Remember, I'm available every Monday afternoon to meet with members of the Medical Staff by appointment. I welcome your comments, suggestions, advice, and appreciate your support.



David M. Caccese, MD  
Medical Staff President

## Temporary Privileges

The Office of Medical Staff Services is often asked to grant temporary privileges for a variety of reasons. The Medical Staff Bylaws allow for temporary privileges in unusual circumstances. Because you may be faced with a situation requiring temporary privileges for you or a colleague, please review the following information.

### OVERVIEW OF PROCESS FOR TEMPORARY PRIVILEGES

Temporary privileges are granted by the Chief Executive Officer after consultation with and recommendation from the Chairperson of the Credentials Committee, the Chairperson of the Department, and the President of the Medical Staff. The privileges may not exceed 90 days, and are to be granted only in unusual circumstances and/or where the granting of said privileges will materially advance the purposes and objective of the Hospitals and the Medical Staff in the areas of training, education, and clinical competence. Temporary privileges are not to be used to circumvent the usual methods of appointment as specified in the Medical Staff Bylaws.

Requests for temporary privileges should be submitted to the Office of Medical Staff Services at least 48 hours prior to the anticipated date on which privileges will be required. Documentation, as noted below, must be included with the request. Following receipt of the written request, the Office of Medical Staff Services will seek the recommendations and approvals from the appropriate individuals as noted above.

#### **A. Visiting Practitioner (Visiting Physician, Resident, Student, etc.)**

##### Possible Reasons for Temporary Privileges

1. Practitioner learning or teaching a new procedure
2. Patient Specific privileges - allows patient's private physician to treat patient even though physician is not on Medical Staff. (Consideration is given on a case-by-case basis and is a rare occurrence.)

##### Level of Temporary Privileges

1. Observation Only - Strictly observation with no participation
2. Scrub and/or Assist

##### Requesting Temporary Privileges

At least 48 hours prior to the expected date that privileges are required, the sponsoring physician should submit to the Office of Medical Staff Services a written request detailing date, name of practitioner needing privileges, patient's name, specific privileges

being requested, and the reason these privileges are required.

In addition, the following documents for the visiting practitioner are required: license, liability policy cover sheet showing policy limits and effective/expiration dates, DEA certificate, and curriculum vitae.

#### **B. New Applicant to Staff**

Because of delay between completion of application and the date the Board of Trustees renders approval for the appointment, temporary privileges are sometimes necessary.

Temporary privileges are only granted after application to Medical Staff or Allied Health Staff is completed and presented to the Credentials Committee. Requests for temporary privileges prior to the Credentials Committee meeting will not be granted.

##### Requesting Temporary Privileges

Applicant should submit a written request to the Medical Staff Office requesting temporary privileges and specifying the start date of those temporary privileges. The date specified may not be prior to the date of the Credentials Committee meeting at which the corresponding application will be considered.

#### **C. Current Staff Member Requesting Addition of New Privilege to Approved Delineation of Privileges Sheet**

##### Requesting Temporary Privileges

The physician member should submit a written request to the Office of Medical Staff Services which details the specific privilege being requested, and include with that request documentation of appropriate training and experience with the procedure being requested. Note that the Medical Staff may have previously defined credentialing criteria for the requested privilege. If such criteria exists, the physician will be notified by the Medical Staff Services Office of any additional requirements. Temporary privileges may be granted following receipt of all required documentation and recommendations by the corresponding Division Chief and/or Departmental Chairperson, subject to the signatures referenced above.

If you have any questions regarding this issue, please contact Rita Mest, Director of Medical Staff Services, at 402-8975.

## Chart Completion/Suspension Process

The need for timely completion of medical records is necessary for good patient care and appropriate reimbursement of the institution.

According to the Bylaws of the Common Medical Staff, which were approved at the combined meeting of the Medical Staffs of Lehigh Valley Hospital (LVH) and Muhlenberg Hospital Center (MHC) on December 17, the following information regarding chart completion and the suspension process is of the utmost importance:

- A complete **history and physical** examination shall, in all cases, be documented in the medical record **no later than 24 hours after admission** of the patient. When such history and physical examination is not recorded before the time of surgery, the surgery shall be canceled, unless the attending surgeon states in writing that such delay constitutes a hazard to the patient.
- Prior to surgery, all patients shall have a surgical consultation or pre-operative note completed. **Operative reports** are dictated or written in the medical record **immediately after surgery**.
- **Discharge summaries** are to be dictated by the attending physician or designee **at the time of discharge**.

In accordance with the Medical Staff Bylaws and regulatory agency guidelines, the Health Information Management Department monitors charts following discharge for compliance. Failure to meet requirements may result in a temporary suspension of an individual physician/group in the form of withdrawal of all admitting, consultation, treatment and surgical privileges. This shall be imposed automatically after warning of a delinquency. A warning of a delinquency shall occur one week prior to suspension for failure to complete medical records within 15 days after the record has been abstracted and made available to the physician by the Medical Records Department. Once a physician/group has completed the delinquent record(s), the emergency, admitting, treatment, consultation and surgical privileges will be immediately reinstated. However, the suspension of elective and urgent admitting privileges will extend from 3 p.m. on the day of suspension through 3 p.m. on the following day.

In order to maintain consistency at both LVH and MHC, effective May 15, 1999, suspension of privileges for delinquent medical records will be enforced at MHC, as they currently are at LVH. Suspension of privileges will include all members of the physician group and be enforced at all campuses.

## General Guidelines

One week prior to Suspension (Wednesday) - Physician ( receives list of incomplete and delinquent charts. (Delinquent charts indicated by asterisk [\*].)

Monday - Delinquent record list printed for each physician/group, pre-pulled and validated for accuracy.

Tuesday - Telephone call/fax to physician office/group advising of delinquent charts.

Wednesday at 3 p.m. - Any delinquent charts not completed by this time result in suspension of admitting/surgical privileges. Physician has until 7 p.m. to complete cases without cancellation of elective cases for the next day.

Emergency Department/Trauma - Physician on suspension will not be allowed to work until charts are completed. Patients may be seen/treated by other members of the group.

Other Specialties - Physician may see patients in Emergency Department, but cannot admit until charts are completed.

If you have any questions regarding this issue, please contact the Medical Staff Services Office at 402-8900.

### A Medical Staff/Administrative Exchange Session

will be held on  
**Wednesday, March 10, 1999,**  
beginning at 6 p.m.  
in Conference Room 1A  
on the first floor of the  
John & Dorothy Morgan Cancer Center

The topic of discussion will be:  
**Operating Room**

If you have any questions or concerns regarding this issue that you would like to have addressed at the meeting, please contact  
David M. Caccese, MD, Medical Staff President,  
through the Physician Relations Office  
at (610) 402-8590.

## Information Services Update

### New Hospital Information System Coming to MHC

At the end of April, the IDX Lastword System (commonly known as "Phamis") will be implemented at the Muhlenberg Hospital Center. It will replace the existing Hospital Information System which is not year 2000 compliant.

Phamis, which has already passed year 2000 readiness testing, has been in use at Lehigh Valley Hospital facilities since May, 1993. The system is a comprehensive, patient-focused system providing an on-line electronic medical record. Clinical data is retained on Phamis for all inpatient and outpatient visits. Medical records and patient accounting/billing functions are also provided by the system.

Patient related information available on-line regardless of the facility where the visit occurred includes:

- Demographics
- Lab results
- Ancillary results (such as Radiology reports)
- Transcriptions (H&Ps, Operative Notes, Discharge Summaries, etc.)
- Allergy and Intolerance information
- Orders
- Medications and IVs

Physician education sessions have been scheduled as follows:

#### Introduction to Computers

- Thursday, March 18 - 5:45 to 7:30 p.m.
- Thursday, March 25 - 5:45 to 7:30 p.m.

#### Phamis Lastword Training

- Monday, April 26 - 5:45 to 7:15 p.m.
- Tuesday, April 27 - 7 to 8:30 a.m.
- Tuesday, April 27 - Noon to 1:30 p.m.
- Wednesday, April 28 - 7 to 8:30 a.m.
- Wednesday, April 28 - Noon to 1:30 p.m.
- Thursday, April 29 - 5:45 to 7:15 p.m.

All classes will be held in the first floor computer training room at Muhlenberg Hospital Center. Registration for class is requested. To register, please contact Diane Zapach in Physician Relations at 402-9192.

## Windows NT is Coming

Windows NT is coming to PC's at Lehigh Valley Hospital. Windows NT is similar to Windows 95/98, but is much different than Windows 3.11. Eventually every department at LVH will be using Windows NT or 95/98. On February 8, the Transitional Skilled Unit at 17th & Chew was the first nursing unit to go-live on NT. Roll-out to the other nursing units will follow. During this period of transition, Information Services will be working with the units to identify the physicians whose patients are typically admitted to that unit. Prior to the roll-out on that unit, I/S will provide information regarding NT to these physicians through their Practice Manager.

#### What Does NT Mean to You?

- The migration to a Windows NT environment brings several advantages. The first of these is full compliance with the Year 2000 issue. Other advantages are improved performance when running multiple applications, a more stable operating environment and a capacity for future growth.
- For better user control of the PC, you will be required to use your "User ID" (P#) and an NT password to access the PC itself.
  - ⇒ For your first sign-on to an NT workstation, you will use your user ID and your default password. Your default password is 6 characters: your initials, birth month and birth date. (example: flmmdd).
  - ⇒ After successfully entering your default password, the system will prompt you to change your password.
  - ⇒ Upon successful change of your password, the system will respond as it currently does, scripting you directly into PHAMIS, or as some physicians have opted, taking you to your "Desktop" for you to choose the LVH icon of the application you wish to open (Lastword, E-mail, OVID, OPAC, Micromedex, etc.).
  - ⇒ You will be required to log out of the PC upon completion of your task. This assures your security within the NT system. These steps are outlined in the information package that will be sent to your practice.
- You will see some differences in the way some software looks and behaves on NT. CBT's (computer based training software) will be made available on nursing unit PC's that are scheduled to have the NT upgrade. The CBT will explain the NT desktop, how to access applications, and make modifications.

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- Some software is not "backwards compliant" which means that if you create a Word Perfect, Excel, PowerPoint or such document using a hospital workstation with NT, you can view or edit the document on a PC with Windows 95/98, but will not be able to view or edit that document using Windows 3.11.
- Private practice physicians' offices (non-LVPG) and home PC's that connect to the LVH network will **NOT** be affected.
- While the migration to Windows NT or 95/98 is progressing, the log-in on workstations still using Windows 3.11 will not change.

If you have difficulty with your password, please contact the Information Services Help Desk at 402-8303 and select option #3. Please select option #6 if you have questions about the migration process or Windows NT. Help Desk personnel will be able to find the answers to your questions. Thank you for your patience as we improve the efficiency of the LVH network.

A general membership meeting of the Greater Lehigh Valley Independent Practice Association, Inc., will be held on Tuesday, March 23, beginning at 6 p.m., in Lehigh Valley Hospital's Auditorium at Cedar Crest & I-78.

Physicians attending the meeting will receive credit toward the Incentive Plan.

## ***News from Infection Control***

### **C.difficile Continues to Plague Hospitals**

C.difficile has become a major problem as a nosocomial pathogen for hospitals across the country. Prevention and control of this organism has proven to be an ongoing challenge.

Although the most common clinical manifestation of C.difficile infection is diarrhea, the disease spectrum ranges from asymptomatic colonization or fecal excretion to pseudomembranous colitis (PMC) to Toxic Megacolon, which may present with signs of an acute abdomen but without diarrhea.

Symptoms of C.difficile may consist of only a few loose stools per day or multiple, large-volume, watery stools and signs of dehydration. Stools may have mucus or evidence of occult blood. In addition, a distinct fecal odor is often recognized. Other symptoms may include abdominal pain, ileus, fever, and leukocytosis.

Although poor handwashing is known to play a key role in the spread of infection, there is evidence that compliance with handwashing protocols is low in many hospitals.

It is **IMPERATIVE** that we adhere to the following Infection Control practices designed to prevent transmission of nosocomial C.difficile.

1. Barrier precautions
  - Glove use for all patient contacts
  - Adherence to strict handwashing between all patients
  - Contact precautions or cohorting
2. Clean the environment meticulously
3. Judicious utilization of antibiotics

No single infection control practice alone can effectively prevent or control nosocomial C.difficile infections. However, a combination of all the practices together can make a difference. It requires the active participation of all healthcare providers in all disciplines to make it work.

### **Compliance with Isolation and Handwashing Policies**

Infection Control has been notified on a regular basis that compliance with established isolation and handwashing policies has not been consistent.

Physicians have been observed on multiple occasions entering clearly marked isolation rooms without proper isolation attire. Verbal attempts by healthcare workers to correct this behavior have been unsuccessful.

A small research study was conducted in OHU, MICU, SICU, and TNICU to observe handwashing compliance. The results of the study concluded that handwashing compliance for all categories of healthcare workers was extremely low.

Infection Control is a **TEAM EFFORT** and, therefore, the **RESPONSIBILITY** of all healthcare providers. In order to reduce the potential for nosocomial transmission of infection adherence to established isolation and handwashing policies is **CRITICAL**.

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Compliance with established isolation and handwashing policies is both important and necessary. If you have any questions regarding this issue, please contact Terry Burger, Manager, Infection Control, at 402-0680.

## Rapid HIV Test

Beginning March 1, a **Rapid HIV Test** will be utilized for testing employee/physician and source patient blood following a significant exposure to blood and body fluids. The use of the rapid test will assist in the evaluation of the exposed individual's need for post exposure prophylaxis (PEP).

Emphasis is placed on reporting the exposure ASAP. It is important to follow the established hospital policy for exposures. This will facilitate proper testing and expedite the test results. The information hotline, **402-STIK**, is available 24 hours a day with directions for post exposure follow-up. In addition, Infection Control and Employee Health Services are both on call 24 hours a day.

If a physician sustains an exposure, listed below are the proper steps to follow:

1. Administer immediate first aid to the splash or injury
2. Complete a Hospital Incident Report (ADM-03)
3. From 7:30 a.m. to 4 p.m., Monday through Friday, call Employee Health Services at 402-8869, ASAP. From 4 p.m. to 7:30 a.m., Monday through Friday, weekends, and holidays, report ASAP to the Emergency Department for follow-up.
4. If physician reports to the Emergency Department, the Emergency Department will provide counseling and follow-up. Emergency Department will ask exposed physician to designate a physician who is to receive exposed physician's and source patient's HIV test results.
5. After Rapid HIV testing on the source patient is completed, the designated physician will be called with the exposed physician's and source patient's HIV test results.
6. Physicians **CANNOT** certify their own exposure and **WILL NOT** be given their own or the source patient's HIV results directly from the lab.

With the initiation of the rapid HIV test, all blood and body fluid exposures will be processed around the clock, **24 hours a day**. It is important that exposures are processed with this **sense of urgency** in order to assist in the evaluation of the exposed healthcare worker's need for PEP. Therefore, if a healthcare worker sustains a significant blood or body fluid exposure, contact will be made with the source patient's

attending physician shortly after the exposure is reported in order to obtain consent for HIV testing. The Infection Control Department, the supervisors, or the transfer center RN's will be counseling the source patient and obtaining HIV consent.

## Tuberculosis Screening

Screening and early identification, as well as effective communication, are all critical elements to a successful Tuberculosis (TB) Exposure Control Program. Based on recommendations from the CDC and a mandate from OSHA, healthcare organizations must have a process in place for early identification of known or suspect TB patients.

LVHNN utilizes the TB Self Screening Tool at **ALL POINTS OF ENTRY** into the network system. It requires that every patient is given a set of six TB screening questions to review.

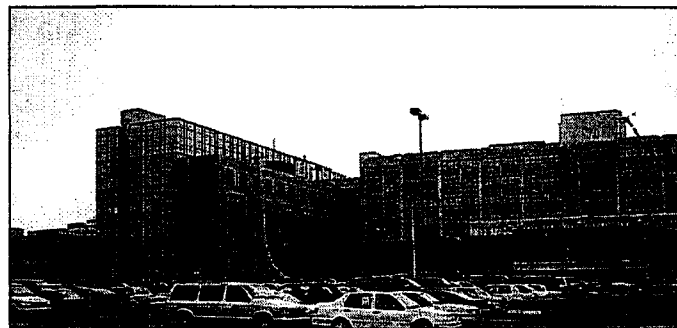
If the patient answers "**Yes**" to **2 or more questions**, the following procedure will be followed:

1. Patient will be given a **mask** and **removed from the general waiting area**
2. Patient will be **further screened** by a trained healthcare professional utilizing a **more detailed list of questions**
3. If the patient continues to answer yes to 2 or more of the questions **without acceptable justification**, the patient's **primary care physician (PCP) or attending physician will be notified for further direction**. If the patient is scheduled for surgery, both the surgeon and the PCP will be notified.

All inpatients will have a TB documentation form placed on their chart indicating that screening was completed.

All outpatient areas will utilize a TB screening stamper which will indicate that screening has been completed.

If you have any questions or concerns regarding this issue, please contact Terry Burger, Manager, Infection Control at 402-0680.



*Progress continues on the Fred Jaundt Family Pavilion. Exterior work is nearly completed. Structural steel placement has begun to the entry concourse which is expected to open in July, 1999.*

## **Lehigh Magnetic Imaging Center Update**

### **Introduction of Fourth MRI Scanner**

Lehigh Magnetic Imaging Center (LMIC), located at 1220 S. Cedar Crest Blvd., is pleased to announce the operation of its fourth MRI system. Installed in mid-December, the new Picker Eclipse MRI scanner is equipped with a short-bore, high-field magnet. The acquisition of the fourth scanner is in response to the growing demand for MRI procedures and LMIC's commitment to provide service in a timely manner.

LMIC now has three high-field MRI systems in addition to the open MRI scanner. The high-field systems offer the greatest detail and clarity possible along with the fastest scanning times. The open MRI unit is best suited to accommodate claustrophobic and large patients along with a variety of routine scans.

Appointments for the high-field and open systems are available days and evenings, Monday through Friday, and days on Saturday. To schedule an appointment at LMIC, please call (610) 740-9500.

### **Clinical History and Diagnosis Information Critical When Ordering an MRI**

Xact Medicare recently published specific diagnosis codes that the payer will accept for each type of MRI study. Beginning in February, Xact Medicare began denying payment for MRI procedures that are not billed with a diagnosis code included in the payer's list of appropriate codes.

Many diagnosis codes previously submitted to Medicare, such as codes for "pain" and "dizziness," will no longer be accepted as the sole reason for an MRI study. Therefore, it is very important to provide as much clinical information as possible when scheduling an MRI study so that the most appropriate code(s) can be selected. LMIC scheduling secretaries will work closely with referring offices to help collect diagnosis information.

In addition, LMIC radiologists review a patient's clinical history and diagnosis information to determine the most effective imaging protocols for each individual patient. The more information provided at the time of scheduling, the better the radiologist can ensure the most appropriate imaging sequences are performed.

### **MRI Report Access**

To accommodate referring offices need for timely interpretations, the following options are available:

- Most reports are autofaxed to offices signed up for this service within 24 hours.
- Dictated reports that have not been transcribed are available via the Lanier dictation system.
- Transcribed reports can be accessed through the hospital's Phamis system.

For information on any of these options, please contact Kim Seidel, Office Manager, at (610) 740-9500.

### **Sunday Inpatient Hours Now Available**

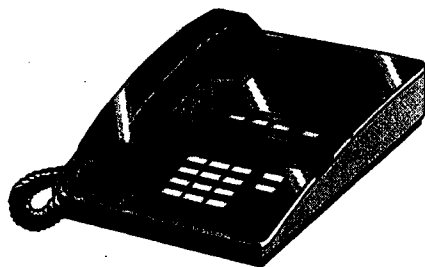
Beginning March 6, Lehigh Magnetic Imaging Center (LMIC) will offer Sunday MRI appointments only for LVH inpatients on a six-week trial basis. Appointments may be scheduled from 9:30 to 11:30 a.m. Emergency services will continue to be available 24 hours a day. To schedule an appointment, please call LMIC at 740-9500.

### **MHC Mammography Sites Achieve Highest Marks**

Muhlenberg Hospital Center's three mammography sites – located at the hospital, Pointe North Family Health Center, and Bath Community Medical Center – all recently passed their FDA inspection in total compliance, with no minor or major deviations.

The inspection is conducted under the Mammography Quality Standards Act whose philosophy is to support continuous improvement in mammography services. The inspection compared specific items in six major areas: equipment performance, technologist quality control, medical physicist survey, personnel qualifications, medical reports, and outcome audits. The level of compliance achieved through the review puts MHC mammography services in the top 5% in the nation.





## 10 Digit Dialing

In December of 1998, Bell Atlantic activated two new area codes in the

610/215 area – 267 and 484. The 267 area code will share the same boundaries as the 215 area code; the 484 area code will share the same boundaries as the 610 area code. In preparation for the introduction of the overlay area codes and mandatory 10 digit dialing within the 215 and 610 area codes, a six-month permissive dialing period began on December 5, 1998. Beginning June 5, 1999, Bell Atlantic's permission dialing will end and it will be mandatory to use the 10 digit dialing plan.

On February 8, the hospital's telephone system dialing plan at Lehigh Valley Hospital (LVH) and Muhlenberg Hospital Center (MHC) changed over to the 10 digit dialing plan. Since that time, individuals are able to dial using both the 7 digit and the 10 digit dialing plan until June 5.

Sometime between now and June 5, you will need to re-program all local numbers that are programmed in speed call lists, fax machines, dial up modems, call forwarding, auto dial keys, and any other devices that dial out to a local number. Please remember, after June 5, you will not be able to place a call using the 7 digit dialing plan.

Following is the new 10 digit dialing plan for the hospital network:

- To place a local call, dial 99 + Area Code + 7 digit number.
- To place a long distance call, dial 99 + 1 + Area Code + 7 digit number.
- To place a call within the hospital's network (from LVH to MHC or from MHC to LVH), dial 98 + 3 digit exchange + 4 digit extension. (Examples: 98 + 861 + 2200 or 98 + 402 + 8001)

If you have any questions regarding this issue, please contact Ann Schneck, Telecommunications Manager, at 402-1802.

## Help Your Patients Stop Using Tobacco

Tobacco use is the chief preventable cause of morbidity and mortality in our society. More than 430,000 deaths occur each year which are directly attributed to tobacco use. Millions of

dollars are spent annually for the medical costs incurred by patients who have developed illness and diseases related to smoking.

You can play a vital role in reducing the number of smoking-related deaths by helping your patients stop using tobacco. Studies indicate that patients have a greater rate of success in quitting and remaining abstinent after one year when their physicians take an active role in advising and assisting them to quit.

Training is available for you and your office staff to help you learn interventions for your smoking patients. Based upon the Agency for Health Care Policy and Research (AHCPR) Clinical Practice Guidelines, this training provides you and your staff:

- Background on behavioral change process
- Interventions which are tailored to your patients stage of change
- Counseling strategies for prevention of relapse
- Overview of nicotine and non-nicotine therapeutic modalities

This training employs a team approach to make maximum use of your time. The training is one hour in length and is available at no charge.

For more information or to schedule a convenient time for your office to receive training, contact Debra McGeehin, Healthcare Training Coordinator, at the Coalition for a Smoke-Free Valley at 402-2827.



## Wound Care Center® at MHC to Offer Free Foot Screening

As a continuation of the goal to reduce the incidence of diabetes-related amputation by 40% by the year 2000, the Wound Care Center® will offer free foot screenings at the clinic on Tuesday, March 23, which will be nationally celebrated as Diabetes Alert Day.

Also, for physicians who missed receiving their free monofilament last month, the offer is still available.

Please contact Peg Cowden, Program Director, at 882-2989, or stop by the Wound Care Center during business hours, 8 a.m. to 4:30 p.m., Monday through Friday, on the fourth floor of Muhlenberg Hospital Center.

## ***Congratulations!***

**Thomas G. Brandecker, MD**, Division of General Internal Medicine/Geriatrics, was elected to Fellowship in the American College of Physicians—American Society of Internal Medicine.

**Jay S. Cowen, MD**, and **Stephen C. Matchett, MD**, both members of the Division of Pulmonary Medicine, recently won the Health Industry Research Award, sponsored by the Society of Critical Care Medicine. The award was presented to Drs. Cowen and Matchett at the International, Educational and Scientific Symposium held in San Francisco, Calif., in January.

**Mark A. Gittleman, MD**, Division of General Surgery, was recently elected as Secretary/Treasurer, President-elect of the American Society of Breast Surgeons at the annual meeting held February 12 in Amelia Island, Fla. In addition, he was also elected to membership in the Society of Surgical Oncology.

**Michael Sheinberg, MD**, Division of Primary Obstetrics and Gynecology, was recently notified that he has fulfilled all necessary requirements and is now a certified Diplomate of the American Board of Obstetrics and Gynecology.

## ***Papers, Publications and Presentations***

**Mark A. Gittleman, MD**, Division of General Surgery, was invited to present Grand Rounds for the Department of Surgery at Community Medical Center in Toms River, NJ, on January 11. In addition, he lectured on "Stereotactic Breast Biopsy" at Oswego Hospital in Oswego, NY, on January 16, and at Baptist Hospital in Memphis, Tenn., on January 30. On January 21 and 22, Dr. Gittleman lectured on "Imaged-Guided Breast Biopsy" in Santa Barbara, Calif., as part of the Southern California Chapter of the American College of Surgeons.

Four members of the Medical Staff made presentations at the 1999 CREOG & APGO Annual Meeting held February 21 to 24, in San Diego, Calif.

- **Stephen K. Klasko, MD**, Chairperson, Department of Obstetrics and Gynecology, and **William L. Miller, MD**, Chairperson, Department of Family Practice, presented "The Fishbowl of OB-GYN and Family Practice Collaboration: A Tropical Aquarium or a Den of Pariahs?", which highlighted the evolution of an innovative OB-GYN/Family Practice program in a large academic medical center.

- **Larry R. Glazerman, MD**, Division of Primary Obstetrics and Gynecology, and **Dr. Klasko** presented "Real Time Evaluation of Resident Performance Using a Hand-Held Electronic Device." The purpose of the project was the accomplishment of two goals – 1) to generate a set of specific parameters that would be useful for evaluating residents' technical performance in obstetrics and gynecologic patient encounters; and 2) to document the feasibility of using an electronic hand-held device to immediately collect data on resident performance after each gynecologic or obstetric procedure.
- **Craig J. Sobolewski, MD**, Division of Primary Obstetrics and Gynecology, presented a poster presentation titled "Endoscopic Surgery Education - Carrying the Torch." The poster presentation was based on a study which describes an endoscopic surgical skills training program which utilizes both didactic and hands-on instruction combined with self learning in a creative yet competitive environment.

**Brian Stello, MD**, Department of Family Practice, participated on the WDIY radio show, "Sound Check," on December 1. He appeared with Pennsylvania State Senator Tim Murphy and author/patient rights activist Suzanne Gordon to speak about managed care.

## ***Upcoming Seminars, Conferences and Meetings***

### **Medical Grand Rounds**

Medical Grand Rounds are held every Tuesday beginning at noon in Lehigh Valley Hospital's Auditorium at Cedar Crest & I-78.

Topics to be discussed in March include:

- March 2 - Portal Hypertension
- March 9 - Lowering of Vascular Atherosclerotic Risks in the Lehigh Valley
- March 16 - From Medicare to Managed Care and Beyond
- March 23 - Acid & Basics - The Pathophysiology of Metabolic Alkalosis
- March 30 - Pulmonary Hypertension

For more information, please contact Evalene Patten in the Department of Medicine at 402-1649.

(Continued on Page 11)

(Continued from Page 10)

**From Medicare to Managed Care and Beyond** will be presented by special guest speaker, William L. Kissick, MD, DrPH, on March 16 beginning at noon in the Cedar Crest & I-78 auditorium. Dr. Kissick is the George Seckel Pepper Professor of Public Health and Preventive Medicine at the School of Medicine, professor of health care systems at the Wharton School, professor of health policy and administration at the School of Nursing, University of Pennsylvania, and the chairman of the governing board, Leonard Davis Institute of Health Economics, University of Pennsylvania.

Please plan to attend this very informative presentation.

## Department of Pediatrics

Department of Pediatrics conferences are held on Fridays beginning at noon in Lehigh Valley Hospital's Auditorium at 17th & Chew.

Topics to be discussed in March include:

- March 12 - Current Trends in Newborn Screening & Identification, Follow-up and Interventions in Newborn Screening
- March 26 - Sports Physicals - Why? What are we looking for? When can they play?

For more information, please contact Kelli Ripperger in the Department of Pediatrics at 402-2540.

## Who's New

### Changes of Address

**Joseph R. Drago, MD**  
224 Roseberry Street  
Suite 2  
Phillipsburg, NJ 08865  
(908) 859-9494

**Thomas Little, MD**  
Premier Heart Specialists  
241 N. 13th Street  
Easton, PA 18042-3282  
(610) 258-7701  
Fax: (610) 258-7702



# THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

March, 1999

## Intranet Pages Now Available as Information Resource



Check us out on the Intranet. The Intranet is a computer-based internal communications tool that is a close relative to the Internet. To surf the Intranet requires a browser like Netscape Navigator. The LVHHN Intranet home page ([www.lvh.com](http://www.lvh.com)) lists access to the Internet, PennCARE and departmental home pages.

To get to the CEDS homepage, just click on the Netscape icon. On the left side of the LVHHN home page, click on **Center for Education**.

The CEDS page is divided into three main sections - Department Information, Clinical Resources, and Education & Training.

- The **Department Information** section explains the different units of CEDS.
- The **Clinical Resources** section includes links to CancerNet, Health Sciences Library, Internet Grateful Med/PubMed (MEDLINE), PrimaryCare OnLine, and other electronic resources and textbooks.
- Be sure to explore the **Education and Training** section. Here you will find valuable information regarding Computer-Based Training, Medical Resources (a physician's resource), and Topics of Interest.

## Section Highlights

Here is a short menu of features.

Medical Resources provides links to useful and interesting resources like:

- Finding Medical Information
  - Literature Searching
  - Specialized Medical Search Engines and Databases
  - On-line Journals
- Medical Information Links
  - Featured Medical Sites
  - Professional Associations
  - Government Organizations
  - Links Grouped by Specialty
- Medical References
  - Textbooks and References
  - Dictionaries and Encyclopedias
  - Drug References
  - Herbal Drug References
- Professional and Personal Development
  - Professional Development
  - Business & Personal Development
  - Workshops and Programs
- Faculty Development
  - Books, Magazines and Journals
  - Workshops and Programs
  - Grant Resources

- Medical Education

Case Studies/Teaching Files  
Competency-based Criteria  
Conferences, Programs, and Workshops  
Curriculum Development  
Continuing Medical Education  
Discussion Groups  
Designing Instruction  
Distance Learning  
Online Course Development  
Multimedia and the Web  
Medical Education Resources  
Problem-based Learning

- Evaluating Web Information

- Technology/Medical Informatics

For comments or questions about this site, please email Dean Shaffer at 402-0055.

## Symposium

### Announcement



The Sixth Annual Update on Heart and Lung Surgery will be held on Saturday, April 10, 1999 in the LVH Cedar Crest Auditorium.

The program will:

- Describe and discuss new procedures and technology in cardiothoracic surgery,
- Compare off-pump beating heart versus port-access coronary artery bypass surgery,
- Discuss the new endoscopic approach to lobectomy,
- Review advanced mechanical support for the failing heart, and
- Examine the early results on the new stentless biological aortic valve.

For more information or to register, please contact Bonnie Schoeneberger via Email or phone at (610) 402-1210.

## Continuing Education:

See the following calendar for grand rounds and tumor boards.

## News from the Library

### OVID/PubMed TRAINING.

To schedule one-on-one OVID (MEDLINE) training session, call Barbara Iobst in the Health Sciences Library at 402-8408. Barbara can also instruct you in the use of PubMed, a free, Web-based MEDLINE service offered by the National Library of Medicine (NLM). MEDLINE can be searched directly using PubMed.

### Evidence-Based Health Care.

Evidence-based health care (EBHC) has generated a lot of interest and questions. The following brochures, which summarize the concept, are available in the Health Sciences Library:

- "A Quick Guide to EBHC: A Glossary of Terms"
- "A Quick Guide to EBHC: Reference Sources"
- "A Quick Guide to EBHC" - an overview, including tips for effective literature searching.

The Library's MEDLINE vendor, OVID, also provides an easy way to restrict searches to EBHC articles. When using the "LIMIT" function (^G), arrow down

**Medical Staff Progress Notes**

the list to highlight publication type. Press "enter" and a list of different types of studies appears. Select all applicable types. This will reduce the amount of retrieval significantly.

**New Books - Muhlenberg Hospital Center.**

"Brocklehurst's Textbook of Geriatric Medicine and Gerontology," 5th edition  
Author: J. Brockelhurst, et al.  
Call No. WT 100 T355 1998

"Cardiology for the Primary Care Physician," 2nd edition Author: R. Bone  
Call No. WG 210 C2667 1998

**New Books - Cedar Crest & I-78.**

"Total Burn Care" Author: D. Herndon  
Call No. WO 704 H558t

"Medical Clinics of North America"  
Topic: "Otolaryngology for the Internist"  
Editor: J. Osguthorpe, et al. Vol. 83, No. 1 - January 1999

**New Books - 17th & Chew.**

"Dental Clinics of North America"  
Topic: "Tooth Splinting and Stabilization"  
Editor: H. Strassler, et al. Vol. 43, No. 1 - January 1999

"Loss During Pregnancy or in the Newborn Period: Principles of Care with Clinical Cases and Analyses" Author: J. Woods, et al. Call No. WQ 225 W895d.



**News from the Office of Educational Technology**

**PC Basics, Windows NT/95 & Email:**

The following classes will be held at Muhlenberg Hospital Center in the I/S Training Room off the lobby of the main

building. Please call 317-4771 to register. Registration is required.

**PC Basics**

March 5 - 9-11am

March 19 - 9-11am

**Windows NT/95**

March 5 - 1-3pm

March 19 - 1-3pm

**Email Intro.**

March 12 - 9-11am

March 26 - 9-11am

**Computer-Based Training (CBT):**

CBT is replacing instructor-led classes previously held at LVH. A proctor will be in the room with the learner while s/he takes the CBT, but the learner will control the pace and objectives of the learning.

Topics covered by CBT include:

Access 2.0 & 97

Windows NT 4

Word 97

Excel 97

PowerPoint 97

PHAMIS Lastword Inquiry only commands

E-mail GUI

CBT takes place in JDMCC, Suite 401.

Dates and times the CBT's are available are:

March 2 - 8 - 12 noon

March 10 - 12:30 - 4:30pm

March 18 - 12:30 - 4:30pm

March 25 - 12:30 - 4:30pm

March 30 - 12:30 - 4:30pm

To register, please contact Bonnie Schoeneberger via email or at 402-1210. If you have questions regarding CBT, please contact Craig Koller via email or at 402-1427.

*Any questions, concerns or comments on articles from CEDS, please contact Sallie Urffer 402-1403*

Medical Staff Progress Notes  
Grand Round and  
Tumor Board Schedule

1999

March

1999

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	12 Noon C/R Tumor Board - JDMCC - CR1 A/B	1 7 am Surgical Grand Rounds - CC-Aud - Pediatric Surgery 2 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	3	12 Noon Combined Tumor Board - JDMCC - CR1 A/B	4 7 am GYN Tumor Board/OBGYN Grand Rounds - 17 Aud 5 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	6
7	8 7am Ambulatory Clin Guideline Dev - SON 9 7 am Surgical Grand Rounds - CC-Aud - Surg Critical Care Resident 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	10 12 Noon Pulm Tumor Board - JDMCC - CR1 A/B	11 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	12 7am OBGYN Grand Rounds -17 Aud 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	13	
14 12 Noon C/R Tumor Board - JDMCC - CR1 A/B	15 7 am Surgical Grand Rounds - CC-Aud - Urology Resident 16 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	17 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	18 7am OBGYN Grand Rounds -17 Aud 19 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	20		
21	22 7 am Surgical Grand Rounds - CC-Aud - General Surg Division 23 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud 12 Noon Urology Tumor Board - JDMCC - CR1 A/B	24 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	25 7am OBGYN Grand Rounds -17 Aud 26 12 Noon Pediatric Noon Conf - 17 Aud 12 Noon Breast Tumor Board - JDMCC- CR1 A/B	27		
28	29 7 am Surgical Grand Rounds - CC-Aud - C/R Resident 30 8am Pediatric Grand Rounds - 17-Aud 12 Noon Medical Grand Rounds CC-Aud	31				

Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556

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**Medical Staff Progress Notes** is published monthly to inform the Medical Staffs of Lehigh Valley Hospital and Muhlenberg Hospital Center and employees of important issues concerning the Medical Staffs.

Articles should be submitted to Janet M. Seifert, Physician Relations, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556, by the 15th of each month. If you have any questions about the newsletter, please call Mrs. Seifert at 402-8590.